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SAIC D/SIDDOMS Doc. DS-46DA-6023  
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RELEASE NOTES: CHCS-4.61-DBA

This release contains changes to existing software resulting from new development and SIRS.

Release notes are included in the OLUM and transmitted via separate messages by system or subsystem for each software version.

#### 1. SPECIAL CONCERNS:

Site Operations Personnel: Be sure to read the CHCS Installation Guide for any software installation concerns.

Database Administrators: Host Platform Name is the new system parameter which defines one or more Medical Treatment Facilities for one CHCS platform. You may designate a single CHCS platform name to replace the existing value stored in ^DD(SITE.

CHCS II Regional Scheduler Project (CRSP) is a new PAS/MCP scheduling system packaged with the 4.61 release of CHCS. It allows multiple MTFs to share resources, MCP and PAS data, and patient scheduling tasks using a centralized database within a specific region. You will receive further instructions if your site is chosen to implement CRSP.

#### 2. DIFFERENCES FROM PREVIOUS SOFTWARE RELEASE

##### **MTF DATA NO LONGER SUPPORTED**

Host Platform Name is the new system parameter which defines one or more Medical Treatment Facilities consisting of one or more divisions for one CHCS platform. You may designate a single CHCS platform name to replace the existing value stored in ^DD(SITE.

The MTF File is no longer a Class 1 file. You can edit all fields in the MTF file with the exception of DMIS ID Code and MTF Code. The HOST PLATFORM NAME cannot be defined until after the installation of 4.61. Until then, you can use the ^DD(SITE, which is an entry from the Medical Treatment Facility (MTF) file. The ^DD (SITE consists of two values: a text field which is the Name and the IEN (Internal Entry Number) of the entry in the MTF file. When you edit an existing Host Platform Name, the IEN does not change.

DAA        Data Administration Menu  
          CFT    Common Files and Tables Management  
          CFM    Common Files and Tables Maintenance Menu

The Common Files and Tables Maintenance Menu is locked by the DOD DATABASE ADMIN and

DOD F-T MANAGEMENT security keys. The Common Files and Tables Maintenance Menu now consists of two menus. When you select CFM Common Files and Table Maintenance menu, three new menu options are available:

- CFS Common Files Supplementary Menu
- HPN Host Platform Name Enter/Edit
- MTF Medical Treatment Facility File Edit

CFS Common Files Supplementary Menu consists of options from the original Common Files and Tables Maintenance menu plus two new reports:

- IMC Inappropriate MEPRS Code by Location Report
- LMG Location/MEPRS Group ID Inconsistency Report

HPN Host Platform Name Enter/Edit option requires the entry of four required fields:

Host Platform Name, Short name, Output Header, and Synonym.

After definition, you modify the HOST PLATFORM NAME as required. The MTF file continues to be available and the fields in it are still used for report headers and address information. Files/fields that point to the MTF file do not have to be repointed to the DMIS ID File. The information currently provided in the MTF file such as Address, UIC, PHONE #, etc. can still be used by application software. This information is currently not available in the DMIS ID Codes file. Reports identified in the PAS/MCP/QA modules have not changed.

MTF Medical Treatment Facility File Edit allows you edit entries to the MTF file; you cannot add new entries. This maintains the one-to-one relationship between MTF and DMIS ID Codes file entries. New entries are added to the MTF file only when a corresponding new entry is added to the DMIS ID Codes file as part of a special release/update or when the Host Platform Name is defined.

Only future reports, when directed by the customer, utilize the facility name from the DMIS ID Codes file.

Seventy-seven obsolete fields from the original Veteran's Administration (DCHP) project were removed from the Medical Treatment Facility file (#4).

#### **REVISE PROVIDER SCREENS**

The Provider file (#6) contains information about physicians and other hospital employees who render care to patients. The Provider file is a CHCS Common File in that its entries are accessed and used by all other subsystems of CHCS. Its entries consist solely of site defined data. Use the List File Attributes (LFA) option in FileMan to obtain a comprehensive listing of inbound and outbound references to this Class 2C file. The Provider File Enter/Edit screen was rearranged. Obsolete data elements were removed and remaining elements rearranged for a more logical data grouping.

Due to the deletion of the MEPRS/SubClinic, Secondary MEPRS, and Third MEPRS fields, the menu option, MPR Provider MEPRS Codes File Enter/Edit was removed from the DAD Common Files and Tables Maintenance Menu. The Provider MEPRS Codes file (#7.1) was deleted from CHCS. Due to the deletion of the Provider Privileges field, the Provider Privileges file (#8850) was removed.

After filing a Provider file entry, the system displayed the prompt, Would you like to enter or edit QA data for this Provider? YES//? This prompt was removed. You must

now use the Facility Quality Assurance menu options to populate certain fields, e.g., licensure, continuing education, and certification.

#### **PROVIDER PLACE OF CARE INACTIVATION**

To ensure consistency throughout CHCS, the Provider and Hospital Location Inactivation functionalities were modified. Several DAA Menu options were affected. The Discrepancy Avoidance Report (DAR) was introduced to identify and resolve PAS/MCP data discrepancies (i.e., provider no longer exist or duplicate provider entries).

When either a Provider or Hospital Location are DBA Inactivated, the system performs a series of discrepancy checks to determine if there are any PAS or MCP pending appointments, wait list requests, or PCM patient assignments linked to the Provider.

If discrepancies exist, the system blocks the DBA Inactivation and prompts you to generate a Discrepancy Avoidance Report (DAR). If no discrepancies exist, the system immediately DBA Inactivates the entry after the record is filed.

When you enter an Inactivation Date (MTF Inactivation) directly into a provider's record, the system automatically performs a discrepancy check if the actual date entered into the Inactivation Date field is a past or present date. Whether discrepancies exist or not, after the record is filed, the system immediately inactivates the provider. If discrepancies do exist, the system prompts the user to generate a DAR and forwards a mail bulletin to the appropriate PAS/MCP mails group(s) notifying its members of the discrepancies. If the actual date entered in the Inactivation Date field is in the future, the system automatically MTF Inactivates the provider, on that future date. The system generates a mail bulletin to the appropriate PAS/MCP mail group(s) notifying its members of the discrepancies and reminding them to print the DAR.

The Common Files and Tables Maintenance Menu (CFM) options and Provider for Batch Merge Process (PBM) option affected are as follows:

#### **Provider DBA Inactivation via Inactivate/Reactivate File Entries**

Menu Path: CA->DAA->CFT->CFM->ACT

1. Enter the Provider file name to be inactivated.
2. Enter I for inactivate.
3. Supply the Provider to be inactivated.
4. If there are PAS/MCP pending appointments, wait list requests, or PCM patient assignments associated with the selected provider, the system prevents DBA Inactivation and alerts you via a screen message. The system generates a mail bulletin to the appropriate mail group if discrepancies exist. After the record is filed, if there are no discrepancies, the system immediately DBA Inactivates the provider.
5. Afterwards, the system prompts if you would like the DAR. The default is //NO.

#### **Hospital Location DBA Inactivation via Inactivate/Reactivate File Entries**

Menu Path: CA->DAA->CFT->CFM->ACT

1. Enter the Hospital Location name to be inactivated.

2. Enter I for inactivate.
3. Supply the Hospital Location to be inactivated.
4. If there are any providers associated with the Hospital Location that have PAS/MCP pending appointments, wait list requests, or PCM patient assignments associated with the selected provider, the system prevents DBA Inactivation, clears the screen, and alerts you via a screen message. The system generates a mail bulletin to the appropriate mail group if discrepancies exist. If there are no discrepancies after the record is filed, and the system immediately DBA Inactivates the provider.
5. Afterwards, the system prompts if you would like the DAR generated. The default is //NO.

#### **Hospital Location DBA Inactivation via Hospital Location File Enter/Edit**

Menu Path: CA->DAA->CFT->CFM->HOS

1. Enter the Hospital Location name to be inactivated. Place the cursor in the INACTIVE FLAG field and enter 1 to inactivate the Hospital Location.
2. The system determines if there are any PAS and/or MCP providers associated with the hospital location. If yes, the system checks to see if those providers have any PAS or MCP pending appointments, wait list requests, or PCM patient assignments. If discrepancies exist, the system prevents DBA Inactivation of that Hospital Location, clears the screen, and displays a screen listing the active providers at that Hospital Location.
3. Afterwards, the system prompts if you would like the DAR generated. The default is //NO.

#### **Provider MTF Inactivation via Provider File Enter/Edit**

Menu Path: CA->DAA->CFT->CFM->PRO

1. Enter the Provider name to be inactivated.
2. Place the cursor in the INACTIVATION DATE field and enter a (1) past, (2) present, or (3) future date.
3. If there are PAS and MCP pending appointments, wait list requests, or PCM pending appointments for that provider, the system warns you that discrepancies exist.

NOTE: If you enter NO, you are returned to the INACTIVATION DATE field allowing for entry edit. The date you enter is displayed in the field. If you enter YES, the system FILES and SAVES the providers modified record and prompts you to generate the DAR. The system automatically transmits a mail bulletin to the appropriate PAS/MCP mail group(s) notifying its members that discrepancies exist and that the provider is MTF Inactivated, effective immediately.

#### **Provider for Batch Merge Process (PBM) Option Affected**

Menu Path: CA->DAA->PMUM->PMM

1. Enter the duplicate provider name to the merged via the option PBM Select

Providers for Batch Merge Process."

2. If the duplicate provider has any PAS or MCP wait list requests, the system displays the premerge block message and prevents the duplicate provider from being merged. Manual resolution of the discrepancy(s) must be corrected by PAS/MCP clerks prior to merging.

#### **ALLOW WAM CORE TABLE EDIT PROJECT**

Starting with fiscal year 1998, Stepdown Assignment Statistic (SAS) code definitions (i.e., description, Performing and Requesting MEPRS patterns, etc.) may change from fiscal year to fiscal year for the Workload Assignment Module (WAM). This is known as SAS Code Redefinition. To support Stepdown Assignment Statistic (SAS) Code Redefinitions, a new Fiscal Year field is added to the NASDI Core (#8185) and the SAS Detail (#8185.1) files.

These fields allow data to be stored for two fiscal years. You can create the edit templates for the current fiscal year using that year's business rules and data. You can also review, edit, approve, and transmit workload data to EAS (Expense Accounting System) for the previous fiscal year (e.g., September's data) using the associated business rules and data for that year.

CHCS modifies the processing of the inbound EAS SAS file to populate the Fiscal Year field in the CHCS SAS Detail file. The system derives the fiscal year from the EAS SAS file name (e.g., S0124709.28) and populates the Fiscal Year field for each valid data record.

CHCS also modifies the processing of the inbound EAS ASD and SAS files containing file names with a date of 26 through 31 (e.g., A0124709.26, S0124709.31) so that these files are no longer being held in the Import directory during the Blackout Period (i.e., 26th through 31st) until the first of the upcoming month for processing. CHCS now processes these files daily at a time defined by the site and sets a beginning effective calendar date (activation date) in CHCS for the first of the upcoming calendar month. For example, a file (A0124709.27) with a calendar date of 27 September 1997 will have a beginning effective calendar date of 01 October 1997. This approach allows you additional time to review any exception messages generated by the processing of the inbound EAS ASD and SAS files and to correct the data prior to initializing on 01 October of the new fiscal year.

For NAVY sites, CHCS now processes STARS/FL files that contain "chargeable UIC" data in addition to the existing data for the group. Previously, CHCS processed a data record that contained the Operating Budget UIC (OB-UIC) which is associated to the Group division and the associated Workload Job Order Number Unit Identification (WJON-UIC) code, Cost Account Code (CAC), and MEPRS code for the OB-UIC. A chargeable UIC code is associated with a lower division and has an associated WJON-UIC, CAC, and MEPRS codes, but the chargeable UIC code rolls up to the OB-UIC for its Group division. You can enter and edit the chargeable UIC via the CAC/JON Enter/Edit option, but you must be logged into the Group division.

You can view or print CAC/JON data for a chargeable UIC and OB-UIC via the CAC/JON Inquiry and Print options. You can be logged into a lower division or the Group division and be able to view data for either division.

A new header and trailer message with a date/time stamp and fiscal year indicator is logged into the WAM Exception file when the EAS ASD and SAS files are processed into CHCS. Existing DWAM Category 6 exception messages are modified to include the fiscal year indicator when the data is entered or modified via the SAS Enter/Edit option on the DWAM menu.

For Navy sites, CHCS logs a new header and trailer message with a date/time stamp into the WAM exception file when processing the STARS/FL file. A date/time stamp is included in the existing header and trailer messages for the ASD to STARS/FL Compare Report.

You can print data to a device via the SAS Inquiry and CAC/JON Inquiry options. These options are modified to allow to the entry, inquiry, and printing of SAS data by fiscal year.

In prior releases, SAS had to be active on the last day of the month to generate template data. Template and data generation occur if SAS and Performing MEPRS is active for at least one day anytime during the month.

#### **WAM PHASE II - E LEVEL MEPRS EDIT**

CHCS produces two new reports to identify discrepancies for existing data in the Hospital Location file (#44):

1. A list of hospital locations when the Group IDs for the location and the location MEPRS code are not equal. This list also includes hospital locations when the Group IDs for the location and the location Cost Pool are not equal.
2. A list of hospital locations that have an inappropriate MEPRS code based on the Location Type. These new reports provide a means for you to analyze existing data discrepancies, and then correct them manually.

Screening was added to the Hospital Location file (#44) to ensure the Group IDs for the division of the Hospital Location, and the Hospital Location MEPRS code are the same. This screening does not correct existing data in the Hospital Location file.

When you enter or edit a provider's default location in the Provider file (#6), CHCS prevents the entry of an Inappropriate Requesting Location. An Inappropriate Requesting Location is any location with the Location Type equal to "FILE AREA" and a default MEPRS code that starts with an "E."

If the entry is valid, the system accepts the data. If the entry is invalid, the system displays an error message. The default location is the provider's primary hospital location, which points to the Hospital Location file (#44). The provider's default location must not have an Inappropriate Requesting Location because the LOCATION field in the Provider file is used as the requesting location for filling outpatient prescriptions. The system does not allow workload for filling outpatient prescriptions to be attributed to an Inappropriate Requesting Location.

NOTE: The ability to enter or edit the Provider file (#6) via the Provider File Enter/Edit option is limited to authorized users holding the DOD DATABASE ADMIN and DOD F-T MANAGEMENT security keys.

Access the following menu paths to enter or edit a provider's default location in the Provider file (#6):

Menu Path: CA -> DAA -> CFT -> CFM -> PRO  
CA -> RAD -> SM -> RPE  
CA -> CLN -> PHYSICIAN -> MNG -> TAB -> PRO  
CA -> PHR -> SFM -> HCM  
CA -> PAS -> MANAGED CARE -> FMCP -> PTAB -> PROV  
UM -> USAE

After you enter a default location in the LOCATION field, the system validates the

entry, and accepts or rejects the data based on the validation criteria. If the location is invalid, the following message displays:

```
-----  
Location is invalid. Location has "File Area" Location Type  
and an associated "E" level MEPRS code.
```

```
Press <RETURN> to continue:  
-----
```

The new option, Location/MEPRS GROUP ID Inconsistency Report, lists hospital locations with Inconsistent Group IDs. It also lists hospital locations with no MEPRS Code and no Cost Pool Code assigned to it. Throughout this document, the term "Inconsistent Group IDs" refers to a location whose Group ID is not equal to the Group ID for its associated MEPRS code or Cost Pool Code. This report is used to analyze existing data discrepancies and, based on that analysis, manually correct them as required.

The report is sorted by GROUP ID, Division, and Location Type. It lists the GROUP ID, Division, Division DMIS ID, Location Type, location name, location default MEPRS code, MEPRS code GROUP ID, location default Cost Pool code, and Cost Pool code Group ID. Each division starts on a new page. The division listed in the upper-left corner of the header is the division in which you were logged when the report was requested.

Note: The ability to print the Location/MEPRS GROUP ID Inconsistency Report is limited to Database Administrators holding the DOD DATABASE ADMIN and DOD F-T MANAGEMENT security keys. The general user cannot see the Group ID of the MEPRS code through the functionality.

Screening was added to the Hospital Location file to ensure that the Group IDs for the division of the Hospital Location and the Hospital Location's MEPRS code are the same. This screening also ensures that the Group IDs for the division of the Hospital Location and the Hospital Location's Cost Pool code are the same. This screening does not change data already existing on the data base.

#### **ADD MEPRS PARENT TO DMIS ID FILE**

The DMIS ID Codes file (#8103) was modified to include all fields currently provided in the source data file which CHCS receives. CHCS was modified to use a new field, MEPRS (EAS) PARENT, to determine if a division's workload is eligible for Workload Assignment Module (WAM) workload reporting.

Five new fields are added to the DMIS ID Codes file:

```
DMIS FACILITY NAME  
CITY  
ZIP CODE  
US FLAG  
MEPRS (EAS) PARENT
```

Five existing field names are modified in the DMIS ID Codes file:

Existing Name	Modified Name
CODE	DMIS ID
DESCRIPTION	FACILITY NAME
REGION	HEALTH SERVICE REGION
GROUP ID	DMIS PARENT

## BRANCH OF SERVICE      SERVICE BRANCH

Incoming Expense Accounting System (EAS) files are modified to use the MEPRS (EAS) PARENT FIELD. If the DMIS ID of an incoming EAS file lacks a MEPRS (EAS) PARENT value, CHCS rejects the incoming data.

You are allowed to use the DWAM menu only if the DMIS ID of the division in which you are currently logged has a populated MEPRS (EAS) PARENT identical to its GROUP ID.

You cannot enter or edit any SAS and CAC/JON records if the DMIS ID of the division in which you are currently logged does not have a populated MEPRS (EAS) PARENT identical to its GROUP ID.

## OUTPATIENT COST POOLS

All Outpatient Cost Pool (OCP) data is now generated similarly to WAM Stepdown Assignment Statistic (SAS) 003 for requesting MEPRS codes existing in SAS 241-299. (SAS 003 is defined as Total Outpatient and Inpatient Visits, and SAS 241-299 are defined as Air Force-specific collection of cost pool data.)

Manual editing capability is provided in OCP SAS enter/edit functionality in accordance with the business rules established for the WAM Core Table. The User editing function generates a message to the existing WAM Exception Report if user changes are made to workload data.

Outpatient Cost Pool Codes requires that MEPRS managers identify and create MEPRS codes for outpatient cost pools as appropriate for their MTF. The OCP and their associated MEPRS codes must be defined on the EAS system and then imported to CHCS in accordance with WAM functionality.

If you edit the Requesting MEPRS workload for an OCP SAS 241-299, then you must also review the SAS 002 and 003 and make changes as necessary. A warning message displays to remind you. Data is reported at the MEPRS Code Level only. If a MEPRS code is identified as OCP, then all visits associated with that MEPRS Code are treated as cost pool workload. Outpatient Cost Pool data is not at the individual visit level. The condition when some visits are attributed to a MEPRS Code Cost Pool and some are not is not permitted.

Ambulatory Care Administrators and MEPRS/Comptroller/Resource Managers with the DGNAS WAM USERS key can extract outpatient cost pool data from CHCS based upon MTF defined groupings of outpatient cost pool codes.

Ambulatory Care Administrators, MEPRS/Comptroller/Resource Managers, Site Manager/MTF Database Administrators with the security key DGNAS MANAGER are responsible of setting up and maintaining the locally defined outpatient cost pool codes on AS.

## AMBULATORY PROCEDURE VISITS

When patients are surgically treated and released within twenty-four hours, workload reporting is processed as outpatient workload under a new category: Ambulatory Procedure Visit (APV). This enhancement requires those Ambulatory Procedure Units (APU) to be defined as hospital locations. These APUs have a location type of "Ambulatory Procedure Unit" that replaces the existing "Same Day Surgery" location type. The existing location type code "S" is renamed.

The system allows you to define the corresponding DGA\* MEPRS Code responsible for recording minutes of service for APV Workload when defining the APU in the Hospital Location file.



When defining or editing fourth-level MEPRS codes in the MEPRS Codes file, the system allows you to flag codes as an APU MEPRS Code. The location must then have a Location Type equal to "S" and the MEPRS code flagged as APU Code.

Follow these steps to flag a particular MEPRS Code as an APU code:

1. Menu Path: (CA->DAA->MPR->WFM->SDM) Site Definable MEPRS Table Maintenance
2. Enter a MEPRS CODE.
3. Enter "Yes" in the APU Flag field. The default value is null.

Follow these steps to check to see that the system changed the Location Type description for Hospital Locations with a LOCATION TYPE equal to "S" from "Same Day Surgery" to "Ambulatory Procedure Unit" in the Hospital Location file:

1. Menu Path: (CA->DAA->CFT->CFM->HOS) Hospital Location File Enter/Edit
2. Enter the HOSPITAL LOCATION NAME.

Within the Hospital Location file, if the Location Type is "Ambulatory Procedure Unit" and its MEPRS code is flagged as an APU, you can designate which DGA\* fourth level MEPRS Code is used to record the APV minutes of service for that particular MEPRS Code and location. Follow these steps:

1. Menu Path: (CA->DAA->CFT->CFM->HOS) Hospital Location File Enter/Edit
2. Enter an APU flagged MEPRS Code in MEPRS CODE field for a location with a location type equal to "S." The system prompts you to enter a fourth level DGA\* Code.

If you enter "??", the system lists only those MEPRS codes whose first three characters begin with DGA. Any existing DGA\* Code previously linked to the APU is simultaneously displayed for reference.

If the patient's APV encounter requires an inpatient admission, the system lets you assign the new corresponding Source of Admission Code, "APA - Admission Resulting from APV." This category replaces the source of admission titled "Patient in Same-Day Surgery Program (SDS)" which was used only for Outpatient SIDR purposes.

Follow these steps to change the SOURCE OF ADMISSION description "SDS - Patient In Same-Day Surgery Program (SDS)" is to "APA - Admission Resulting from APV" in the Source of Admissions file:

1. Menu Path: (CA->PAD->ADT->ADM) Admission
2. Enter the PATIENT'S NAME.
3. The system allows you to enter/modify the Source of Admission type for APV patient encounters that require inpatient hospitalization.

#### CHANGES TO MENUS AND MENU OPTIONS

DAA	Data Administration Menu
CFT	Common Files and Tables Management
CFM	Common Files and Tables Maintenance Menu
HOS	Hospital File Location Enter/Edit

Changes made to options on the CFM Common Files and Tables Maintenance Menu include:

The HOS-Hospital File Location Enter/Edit option now displays the complete help information each time you request help with ?? at the Select HOSPITAL LOCATION NAME prompt. (SIR 22590) When a hospital location is defined with a Location Type of WARD, you can now enter a non-inpatient division so that the entry is placed in the Hospital Location file. (SIR 27211)

DAA        Data Administration Menu  
          CFT   Common Files and Tables Management  
          CFM   Common Files and Tables Maintenance Menu  
          PRO   Provider File Enter/Edit Menu

The ESTIMATED COMPLETION TIME for the Provider Merge process from the PRO-Provider File Enter/Edit menu option is now consistent and accurate (SIR 15347).

A system error is no longer generated when you attempt to place a PROVIDER under access control via FileMan (SIR 20842).

The Class field in Provider file (#6) is now required (SIR 24705).

The field entitled Date of Active Duty Commitment is no longer required on the Provider Enter/Edit template. (SIR 24708).

An attempt to access a provider that is DBA inactive at the Select Provider prompt triggers the message "[PROVIDER,NAME] has been inactivated. Use the "ACT Inactivate/Reactivate File Entries" option to reactivate or print inactive providers." (SIR 27705)

DAA        Data Administration Menu  
          PMUM Provider Merge/Unmerge Menu  
          REP   Reports Menu

Changes made to options on the REP Reports Menu include:

A Privacy Act Banner was added to the report header for both VER-Verified Provider Report and UNV-Unverified Provider Report options. (SIR 24318, 24320)

At the Select PROVIDER NAME: prompt on the Provider Compare Report (CMP), the picklist now displays identifies and distinguishes which providers are DBA-Active and which providers are DBA-Inactive. Identifiers were added to display the NAME, SSN, and the providers status (INACTIVE or INACTIVE/MERGED). A message displays if the provider is inactive and you are not able to edit that provider. The PRIVILEGES file was moved to the next screen. (SIR 24770)

DAA        Data Administration Menu  
          PMUM Provider Merge/Unmerge Menu  
          PMM   Provider Merge Menu

Changes made to options on the PMM Provider Merge Menu include:

The MST Merge Status option was clarified so that when you halt the provider merge, TaskMan no longer defaults to a message indicating that DUPLICATE PROVIDER MERGE is still running. When you restart the merge, you no longer see the original merge routine DUPLICATE PROVIDER MERGE displayed on Taskman. (SIR 24830)

The USER data is now processed before PATIENT DATA in the PBM Select Providers for Batch Merge Process option. PATIENT data is now merged correctly and is no longer reported in the Exceptions Report when the Correct Provider is not the user and the Duplicate Provider is a user.  
(SIR 23600)

DAA        Data Administration Menu  
          MPR    MEPRS System Menu  
              WFM    Workload Files Maintenance Menu

Changes made to options on the WFM Workload Files Maintenance Menu include:

The RAD Procedure Edit/Print/Copy (RWV) option was removed because RAD weighted procedures values are obsolete. (SIR 27276)

The SDM Site Definable MEPRS Table Maintenance now provides a picklist of divisions for the Group ID entered when you create a 4-character MEPRS code specific to your site. (SIR 27217)

DAA        Data Administration Menu  
          DWAM    DOD Workload Assignment Module Menu  
              SEDT    SAS Detail Enter/Edit

Changes made to the SAS Detail Enter/Edit (SEDT) option include:

When you enter ?? at the Requesting MEPRS prompt, a list of valid MEPRS codes displays in a window, allowing you to make a selection. (SIR 25461)

Additional changes to EAS and SAS processing include:

In the EAS ASD and SAS files, EAS sends over ending effective dates (inactivation dates) that are fiscal year dates. These fiscal year dates are converted to the correct calendar year dates and no longer affect WAM workload reporting. (SIR 26262)

When processing inbound EAS ASD files and an ADD transaction contains an Ending Effective Date for a MEPRS code which is tied to a Hospital Location, the ending effective date is ignored and the following new message appears to indicate that the date was ignored:

(W)        ASD Record - A0124706.24 - 0124 - AAAA - Hosp Loc MEPRS/End Effect Date

In addition, the existing message (E) ASD Record Rejected - A0124706.24 -0124 - AAAA - Hosp Loc MEPRS is now:

(E)        ASD Del. Rejected - A0124706.24 - 0124 - AAAA - Hosp Loc MEPRS

This message is for ASD DELETE transaction when a MEPRS code is tied to a hospital location. (SIR 26797)

DAA        Data Administration Menu  
          MPR    MEPRS System Menu  
              INQ    Inquire to Workload Files Menu

Changes to the Inquire to Workload Files Menu (INQ) include:

The DMS Inquire to DMIS ID Codes Table option is expanded to show all fields stored for the DMIS ID Codes and Descriptions.  
(SIR 26873)

The MTP Print Master MEPRS Table (3 Digit Codes) now lists all Master MEPRS Codes, even those that do not have a Dept/Service value defined, when you sort by Dept/Service and select All Dept/Services. (SIR 26875)

The MSI-Inquire to Site Definable MEPRS Table option now displays the activation

history for a MEPRS code, including activation date, and inactivation date, if any.  
(SIR 24965)

The ACT-Inactivate/Reactivate File Entries option now allows you to use "^" or F10 if you enter an inactivation date in error. The option was modified to display the message "One or more Hospital Location(s) are using this MEPRS code." If a MEPRS code is attached to a hospital location, it lists all the hospital locations that are linked to that MEPRS code, and then prompts you to view the activation history. (SIR 25903)

Additional changes to MEPRS Codes and Processing include:

F MEPRS codes are no longer unique from all other MEPRS codes. They are segregated by GROUP ID like all other MEPRS Codes. The code is only viewable, selectable, and printable for workload, locations, etc. within the same GROUP ID. F MEPRS Codes may now be defined for groups consisting only of outpatient divisions. You can no longer edit the GROUP ID field for an existing MEPRS Code. (SIR 26388, 26362, 26363, 26912)

The data validation check on the Admission and Disposition WJON-SN codes when processing incoming STARS/FL files into CHCS was modified to allow for MEPRS codes and WJON-SN codes to end in a character other than an A (i.e., AAAB and 4IAAB) for 4I and 4O WJON-SN codes. The MEPRS code must still begin with A. The positions 2-4 of MEPRS code must still match positions 3-5 of the WJON-SN code. All other validation checks for processing the STARS/FL files remain unchanged.

The STANDARDIZATION field for the MEPRS cost pool codes listed below was correct by changing SIDR to NON-STANDARD:

AAAX, ABX, ACX, ADX, AEX, AFX, AGX

Existing 4th-level (site-defined) cost pool codes were changed from SIDR to NON-STANDARD. (SIR 25491)

#### **MISCELLANEOUS SYSTEM CHANGES**

The Master File Notification (MFN) Primary Key was added to the data dictionaries of the following files to indicate the look up of each MFN value that external systems should reference:

DISCHARGE TYPE (42.2)  
DMIS ID CODES (8103)  
GEOGRAPHIC LOCATION (5)  
MEDICAL CENTER DIVISION (40.8)  
MEPRS CODE (8119)  
PROVIDER CLASS (7)  
RELATIONSHIP KIN (8140)  
RELIGION (13)  
UNIT SHIP ID (8111)  
ZIP CODE (5.8002)  
MARITAL STATUS (11)  
(SIR 24286)

DMIS ID codes are added to those MTF entries for which a DMIS ID could be identified. (These were not populated when the DMIS ID code field was added to the MTF file because the MTF field NAME did not exactly match the DMIS ID code field of DESCRIPTION.) (SIR 24837)

The DOD PROVIDER CANDIDATE SEARCH gallery replaces the DOD CANDIDATE SEARCH input template. The post provider merge exception and correction messages for the NEW

PROVIDER CANDIDATE SEARCH file (#8181.9) were removed. (SIR 24086)

The Code field in the Command Interest file (#8114) is now required and unique. (SIR 25351)

New countries require that the OCONUS LICENSED FOR CPT flag be set to LICENSED are as follows:

GERMANY  
ITALY  
PANAMA  
SPAIN  
UNITED KINGDOM  
BELGIUM  
BOSNIA  
CUBA  
ICELAND  
TURKEY  
JAPAN  
KOREA  
PORTUGAL  
(SIR 25480)

Two countries were added to the Geographic Location file: Montenegro (MW) and Macedonia (MK). (SIR 25827)

A new field was added to the Geographic Location file indicating entries where the Geographic Location is UNKNOWN. (SIR 26236)

RDMI-Laboratory Results Reporting Conversion replaces the old option LDMI-Laboratory Results Reporting Conversion which was too similar to the LDMI-Move Locations from One Division to Another option in the DMIS ID Utility. (SIR 25710)

New pointer fields which point to the Provider file (#6) were added. Several provider pointer fields were deleted. Use the LFA-List File Attributes option in Fileman to see the resulting changes. (SIR 26374)

The LAYGO (Learn As You Go) capability was removed from the Department field when you enter the Department for a Service. The help text was modified to remove reference to the Division. (SIR 26508)

When you attempt to inactivate a medical center division, the system checks to ensure that no users, locations, providers, or MCP enrollees are associated with the division. The system does not consider previously inactivated users during the check. (SIR 25735)

Inpatient pay rates for patient category codes \*28 and \*29 were changed from FRR to FMR. Outpatient pay rates have been changed from FOR to NC. (SIR 26551)

The Medical Record Type file (#8125) was removed from CHCS. (SIR 27189)

The following files now have deletion protection on the .01 fields to prevent you from accidentally creating broken pointers and discrepant data:

QAF PROFESSIONAL CERTIFICATION TYPE (8128)  
RELATIVE CASE MIX INDEX (8172)  
RELIGION (13)  
HOSPITAL LOCATION (44)  
HOLIDAY (40.5)  
ADDITIONAL MEDICAL TREATMENT FACILITY (8101.1)

PROVIDER CLASS (7)  
QAF PERIODIC TRAINING (8126)  
ZIP CODE (5.8002)  
TITLE (3.1)  
SAS DETAIL (8185.1)  
NASDI STARS/FL MASTER DATA ELEMENTS (8185.2)  
PROVIDER MERGE BATCH FILE (6.7777)  
PROVIDER UNMERGE BATCH FILE (6.8888)  
PROVIDER SIDR ID WORKING FILE (8152)  
PROVIDER MERGE STATUS (8181.1)  
PROVIDER UNMERGE (8181.2)  
PROVIDER PRE-MERGE (8181.3)  
PROVIDER UNMERGE STATUS (8181.4)  
NOTIFICATION MESSAGE (3.75)  
QAF ACADEMIC DEGREE LEVEL (8109)  
UNIT SHIP ID (8111)  
QAF POST GRADUATE TRAINING STATUS (8113)  
COMMAND INTEREST CATEGORY (8114)  
QAF ASSIGNMENT TYPE (8116)  
QAF APPOINTMENT TYPE (8117)  
QAF LICENSURE STATUS (8118)  
QAF PRESENTATION TYPE/ROLE (8120)  
QAF PUBLICATION TYPE (8121)  
QAF HONOR/AWARD TYPE (8122)  
QAF CONTINUING EDUCATION CATEGORIES (8123)  
MEDICAL RECORD TYPE (8125)  
QAF LICENSE (8127)  
QAF DEGREE/DIPLOMA (8129)  
QAF APPOINTMENT ROLE/POSITION (8130)  
MEB CANDIDATE STATUS (8138)  
QAF PROFESSIONAL SPECIALTY CERTIFICATION (8141)  
QAF PROF ORGANIZATION & COMM ACTIVITY LEVEL (8142)  
QAF MILITARY EDUCATION METHOD (8143)  
QAF COMPETENCY ASSESSMENT METHOD (8144)  
METHOD OF TRANSIT (8147)  
CPT ACTIVATION (8151.1)  
(SIR 26515)

Obsolete fields were removed from the Patient Category file (#8156):

SVC FLG (2)  
ID CODE (3)  
FLAGS (8003)  
DD139 FLAG (8014)  
ENLISTED 1080 FLAG (8015)  
DELETE DATE (8017)  
OCONUS VARIABLE MODE (8020)  
EXTENDED ACTIVE DUTY TRAINING (8025)  
MILITARY (8026)  
AD ARMY OFF REQ BR SVC (8027)  
AD MIL (NAVY CR) (8028)  
SPECIAL LOS REQ (8030)  
(SIR 23033)

Obsolete fields were removed in the ICD file (#80.1):

IDENTIFIER  
ICD0 CODES REQUIRED WITH THIS (80.1,30)  
PROCEDURE BODY POSITION (80.1,8000)  
PROC INSTRUCTION TEXT (80.1,8001)

PROC MAX ALLOWED NBR (80.1,8002)  
PROC MORTAL. RATE CRITERION (80.1,8003)  
PROC PRECAUTIONS TEXT (80.1,8004)  
PROC PREP INSTRUCTIONS (80.1,8005)  
PROCEDURE INFECTION STATUS (80.1,8007)  
PROCEDURE LOCATION (80.1,8008)  
PROCEDURE LOCATION TYPE (80.1,8009)  
PROCEDURE LOCATION COMMENT (80.1,8010)  
PROC CATEGORY (80.1,8011)  
PROC DURATION (80.1,8012)  
PROC DURATION STD DEV (80.1,8013)  
PROC ACUITY VALUE (80.1,8014)  
APPT REQD FOR PROC. (80.1,8015)  
ANITIBIOTIC OPERATION? (80.1,500055)  
ICD0 CODES NOT TO USE WITH (80.13, .01)  
(SIR 23956)

In the Department and Service file (#45.7) the Provider Multiple field (#10) is obsolete, and was removed from the file. The Provider Multiple sub-file (#45.701) was also deleted. (SIR 24307)

In the Medical Center Division file (#40.8), two obsolete fields were removed: DPT UCI,VOL (40.8,8 ) and SAP UCI,VOL (40.8,9). (SIR 25612)

In the Geographic Location file (#5), several obsolete fields were removed:

VA COUNTY CODE (5.01,2)  
CATCHMENT CODE (5.01,3)  
ZIP CODE (5.01,4)  
ZIP CODE (5.02,.01)  
(SIR 25933)

In the Religion file (13), several obsolete fields were removed:

ABBREVIATION (13,1)  
CLASSIFICATION (13,2)  
SVC FLAG (13,4)  
SYNONYM (13,100)  
SYNONYM (13.01,.01)  
(SIR 25934)

In the Source of Admission file (#42.1), the data dictionary for the INTERNAL SERVICE CODE (42.1,.05) field was modified to indicate that the field is no longer being considered for deletion. (SIR 25935)

In the Discharge Type file (42.2), the LOSS/NONLOSS (42.2,1412) field was removed. The data dictionary entry for the INTERNAL SERVICE CODE (42.2,.05) was modified to indicate that is no longer being considered for deletion. (SIR 25936)

In the ICD file (80), the following fields were removed:

IDENTIFIER (80,2)  
MDC (13 80,5.5)  
ANTIBIOTIC DIAGNOSIS? (80,500055)  
(SIR 25937)

In the Ward Location file (42), the following fields were removed:

PTF BEDSECTION (42,.017)  
BEDSECTION (42,.02)

OPER. BEDS (42,.04)  
 BEDS OUT OF SERVICE (42,.05)  
 BEDS OUT OF OPERATION (42,.055)  
 AUTHORIZED BEDS (42,.06)  
 FY TARGET (42,.07)  
 RESERVED BEDS (42,.08)  
 SERIOUSLY ILL (42,.09)  
 BED INVENTORY NBR (42.06,8002)  
 BRANCH? (42,301)  
 DRUG/ALCOHOL (42,305)  
 G&L ORDER (42,400)  
 TOTALS (42,401)  
 LEVEL (42.05,.001)  
 TOTALS (42.05,.01)  
 TARGET (42.05,1)  
 ADC CUM (42.05,2)  
 PRINT IN CUMULATIVE TOTALS (42.05,2.5)  
 PLAN CUM DISCH MONTH (42.05,3)  
 PLAN CUM DISCH MONTH (42.07,.01)  
 PLANNED DISCHARGES FOR MONTH (42.07,1)  
 SUBSPECIALTY (42,501)  
 G&L HEADER (42,804)  
 INACTIVE FLAG (42,900)  
 SCHEDULED ADMISSION (42,1819)  
 PATIENT (42.182,.01)  
 DATE OF RESERVATION (42.182,2)  
 LENGTH OF STAY EXPECTED (42.182 ,3)  
 ADMITTING DIAGNOSIS (42.182,4)  
 PROVIDER (42.182,5)  
 SURGERY (42.182,6)  
 OPT/NSC STATUS (42.182,7)  
 PRIORITY (42.182,8)  
 WARD SELECTION CRITERIA (42,8000)  
 NO BEDS AVAILABLE (42,8001)  
 NEXT ROOM-BED (42,8002)  
 FEMALE-POST-PARTUM BEDS (42,8004)  
 NEWBORN BEDS (42,8005)  
 BEDS BLOCKED DATE (42,8008)  
 AERO-MED EVAC BEDS RELEASED (42,8009)  
 UNUSABLE BEDS RELEASED (42,8010)  
 BEDS RELEASED DATE (42,8011)  
 WARD PHYS LOCATION DESCR. (42,8012)  
 CUM TITLE (42.05,4)  
 (SIR 25938)

The SVC FLAG field was removed from the following files:

COMMAND SECURITY FILE (#8105,2). (SIR 25939)  
 CASUALTY PROGNOSIS file (#8106,2). (SIR 25940)  
 ABSENT STATUS file (#8131,2). (SIR 25941)  
 TYPE CASE file (#8133,2). (SIR 25942)  
 MILITARY THEATER OF OPERATIONS file (#8136,2). (SIR 25943)  
 CASUALTY STATUS file (#8139,2). (SIR 25944)  
 RELATIONSHIP file (#8140,2). (SIR 25945)  
 COMMAND INTEREST CATEGORY file (#8114,2). (SIR 25946)  
 MEB CANDIDATE STATUS file (#8138,2). (SIR 25947)

In the Provider file (#6), the following obsolete fields were removed:

PHYSICAL EXAM (6,14)



PHYSICAL EXAM DATE (6.03,.01)  
EXAM RESULTS (6.03,1)  
EXAM RESULTS (6.04,.01)  
HEPATITIS SCREEN (6,15)  
HEPATITIS SCREEN DATE (6.05,.01)  
SCREEN RESULT (6.05,1)  
SCREEN RESULT (6.06,.01)  
HCP CREDENTIAL ID (6,8004)  
HCP CREDENTIAL ID (6.25,.01)  
HCP CREDENT. STATUS (6.25,1)  
HCP CREDENT. AUTHORITY (6.25,2)  
HCP CREDENTIAL RENEW DATE (6.25,3)  
HCP CREDENTIAL REVIEW DATE (6.25,4)  
HCP CREDENTIAL REVOKED DATE (6.25,5)  
HCP CREDENTIAL COMMENT (6.25,6)  
HCP CREDENTIAL COMMENT (6.26,.01)  
HCP QA-ID NBR (6,8005)  
HCP PROFESSIONAL CREDENT. (6,8010)  
HCP PROFESSIONAL CREDENT. (6.27,.01)  
MALPRACTICE (6,8110)  
PATIENT (6.07,.01)  
DATE/TIME (6.07,1)  
MALPRACTICE TYPE (6.07,2)  
REASON (6.07,3)  
OUTCOME (6.07,4)  
END DATE (6.17,5)  
SSN COMP (6,8199)

The following fields were removed from DOD PROVIDER ENTER EDIT Input Template:

PHYSICAL EXAM multiple  
HEPATITIS SCREEN multiple  
HCP QA-ID NBR  
HCP PROFESSIONAL CREDENT multiple  
HCP CREDENTIAL ID multiple  
MALPRACTICE multiple  
(SIR 26066)

3. SUBSYSTEMS AFFECTED BY THIS RELEASE

The following release notes are begin distributed for this software release:

CLN, DBA, DTS, FQA, LAB, MCP, MSA/TPC, PAD (INCLUDING MASCAL), PAS, PHR,  
RAD, R/IT, TOL AND WAM.

